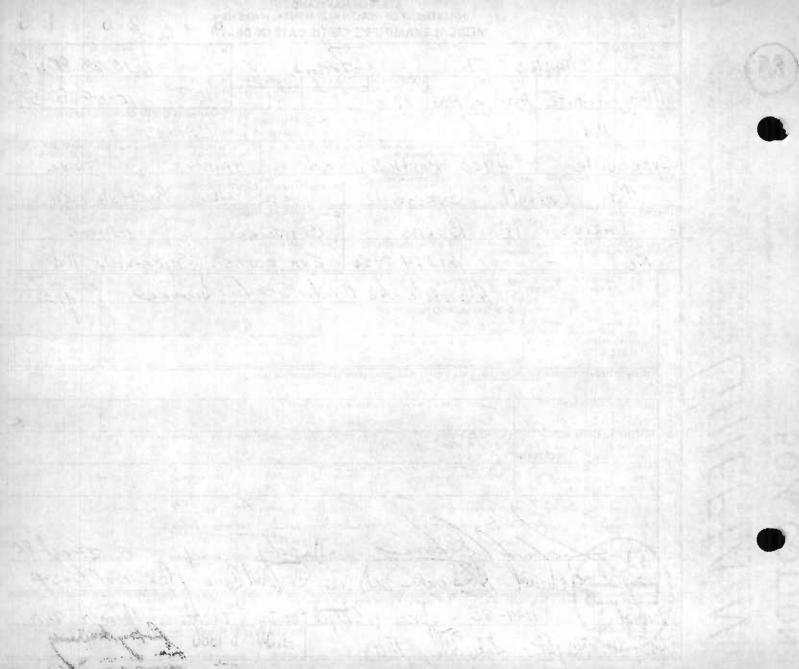
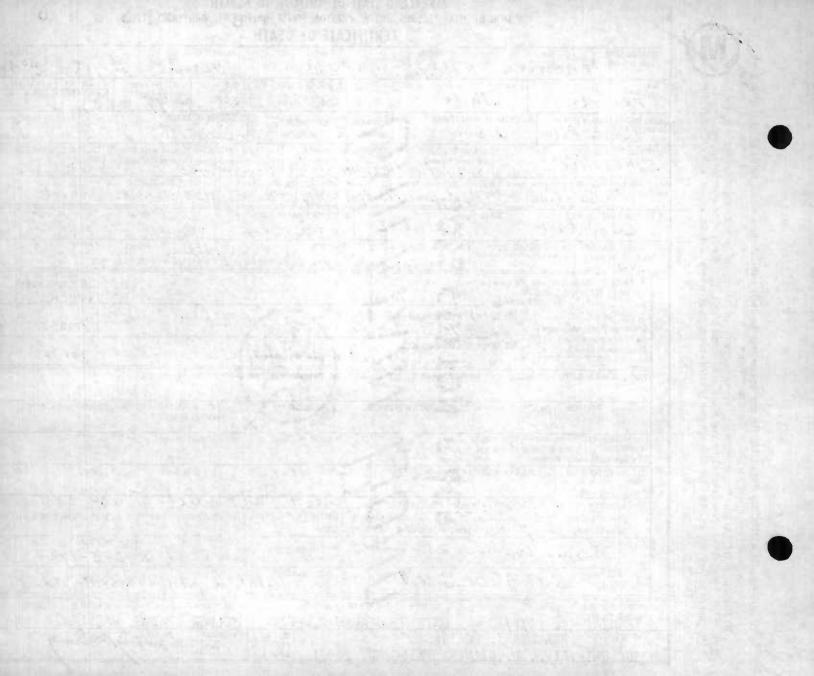
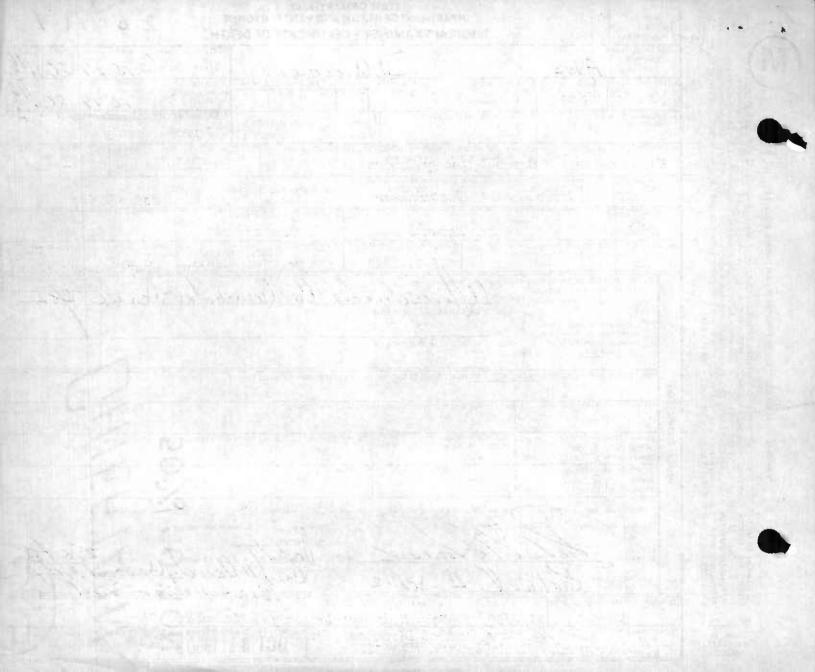
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTIharles DEATH MATED FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREET, 3 SEX 4. RACE 6. AGE (IN YEARS IF LINDER I YR IF UNDER 24 HRS 2c. DATE MONTH LAST BIRTHDAY) MONTH YEAR PRONOUNCED DEAD To. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED FILED, Y 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FORMOST OF WORKING LIFE OR INDUSTRY Home 2 SHOULD (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 NO 🔯 YES 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE PERMIT. PAGES 1 AND GIENE, DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) CAUSE OF DEATH (Enter only one cause pe (a), (b), ong (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AL EXAMINER ALONG BURIAL-TRANSIT PERMI AND MENTAL HYGIENE, ON, OR REMOVAL. 10 10 Selevotec IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES [] BE DEPARTMENT 21s. EXTERNAL CAUSE WAS TID. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING Dine MEDICAL ONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY LATHOME. 716 INJURY OCCURRED 711 IDCATION WARDED STREET, FACTORY, PARM, ETC. I GERRET WHILE CITY OF TOWN STATE AT WORK AT WORK COUNTY PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: Inspection . 27s. I certify that Llack charge of the remains described above, held Inquiry Autopsy and in my apinion Suicide damicide Undetermined manner EXAMINER'S NAMI (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL THE DATE BP. 24. FUNERAL DIRECTOR C'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M 7/77

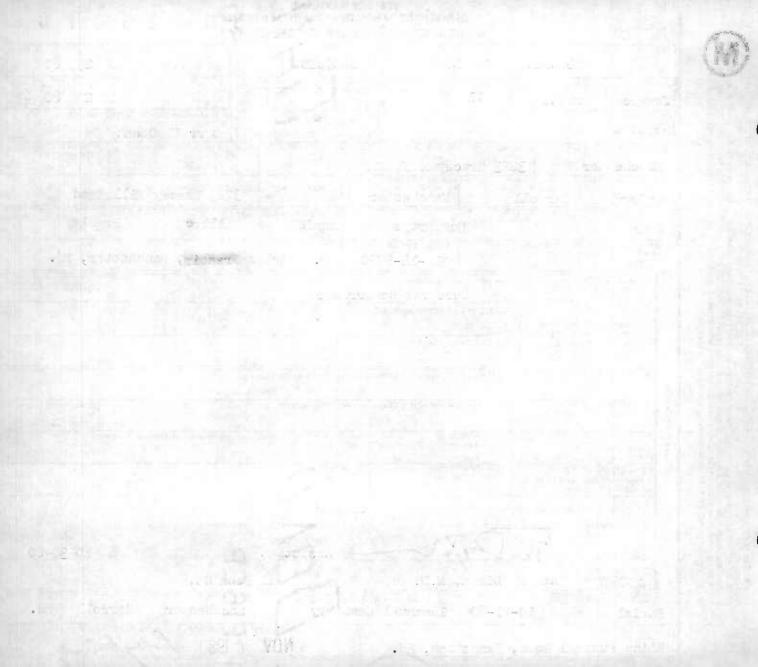


		MARYLAND STATE DEPARTMENT OF HEALTH	1 4
· A.	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21200	UIO
RAI X		CERTIFICATE OF DEATH	
		CEASED-NAME First Middle Lost 20. DATE OF DEATH The or print) Frances G. XXXXXX Capagrosso October 500	1980 210 A M
ovol, ond a proving a prov	3. SE		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
hin 72 hours	7b. B	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH VIP) Puerto Rico U. S. A WIDOWED DIVORCED Carroll	Mc
within 12	10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) YRESVILLE 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
event,		JSUAL RESIDENCE (Where deceased lived it institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1500) STATE Many land 10b. COUNTY ontgomery 5 level 5 pring YES NO 100 100 100 Number	2 1
51	14. F	ATHER'S NAME First Middle Gonzalez 15. MOTHER'S MAIDEN NAME First Middle NARCISA	Last CRUZ
50	16a. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, pr unknown) (If yes give war or dates of service) 117-09-7929 **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NEPHEW
	H	1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PREUMONIA	weeks
burial, cremation, or removol		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF A S C V 2	Years
l, crem		nse to immediate cause (a). Stoting the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF lost. (c) Reneralized arteriosclerosis	years,
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
2	TIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
9	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DECONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21b. TIME OF INJURY AM. Month Doy Year P.M. 19	tem 18.)
State Dept. of Health prior to		21d. INJURY OCCURRED While 1 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town of work of work	Caunty State
		220. I certify that (1) (this hospital) attended the deceosed fram Journal 1977, ta UCT. 3, 19 saw the deceosed alive an OCT. 5 1980, and that in (my) (our) apinion death accurred on the data causes stated abave, (1) (we) (did) (did nat) view the body after death.	te ond hour and from the
ed with		22b. SIGNATURE 22c. I	DATE SIGNED -5-1980
should be filed with the		222 AUDITOR AND STATE AND	ville, Md.
should	23a.	BURIAL, CREMATION, PREMOVAL (Specify) 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL 10/7/80 GATE OF HEAVEN CEMETERY SILVER SPRING, M.	(Caunty) (State) ARYLAND
R A15 (4)	24.	FUNERAL DIRECTOR FRANCTS I COLLINGADDRESS 250. REC'D BY REGISTRAR 250. REC'D BY REGISTRAR 250.	Mary Sandy
15 (4)		500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 QGT 7 1980	



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STATE OF MARYLAND

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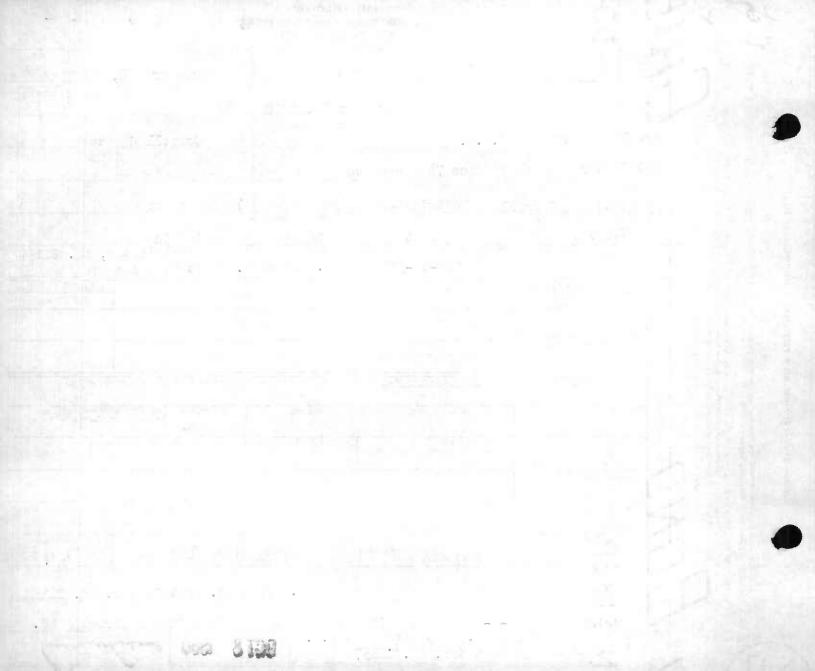
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, retained by the hospital or attending physician.

72		STATE REGISTRAR				HEALTH AND MENTAL		REG. NO.	0	UZ	
		CEASED NAME	FIRST	MIDDLE		LAST	2a. DATE	OF DEATH MONTH	DAY	YEAR 2	26. HOUR
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and co		WAS DECEASED EN			AL SECURITY NO	17 INFORMANT	V	ves tangens te:	r, Md.	. 21]	57
ages	1	Yes	W.W.		98-9814	Pauline	Groft 3	3420 Union	town F	Rd.	
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STATE OF MARYLAND

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IMPORTANT: If Item 21 is marked or Item 18 shows any

74 FUNERAL DIRECTOR Nicholas T. Matthews,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

TATE
REGISTRAR

CERTIFICATE OF DEATH

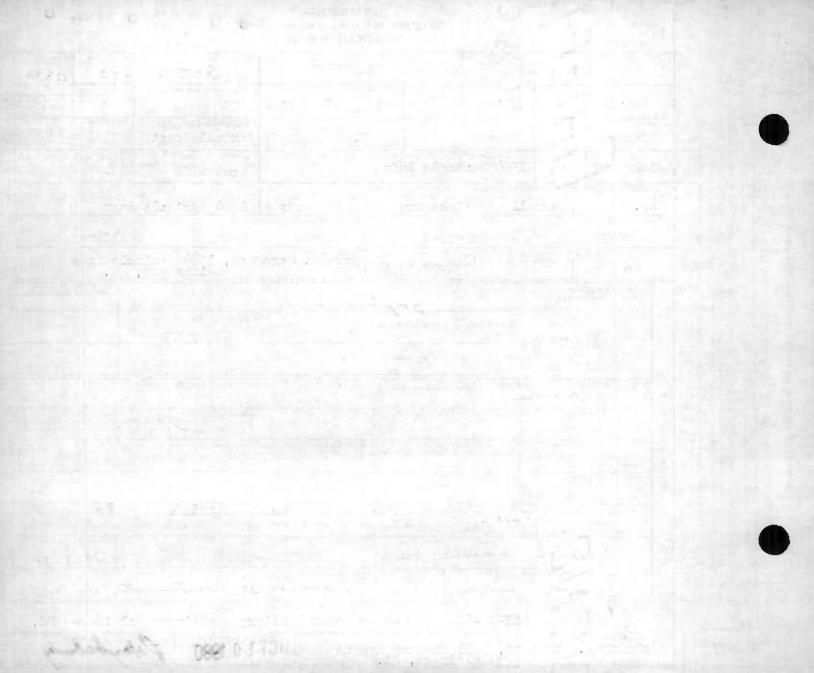
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	L'	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
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3		inksburg	\TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWITE		12b. KIND O INDUSTRY	OF BUSINESS OR
5	13a.	AL RESIDENCE (IF NURS STATE Md.	136 COUN Carro	TY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Finksbur	N	13d. INSIDE CITY LIMITS? YES NO KK	130. STREET ADDRESS 1504 Semi	nole	Lane	
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		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	232-07-4		Mary N. Coro	neos, 1504 Finks	ss Semin burg,	ole Lan	e
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	W	while NOT What WORK 22a. I certify that (I) saw the decease abave, (I) (we) (d) 22b. SIGNATURE	(this haspite	al) attended the	19 9	FA.	street 1979 nd that in (my) (our) opinion of DEGREE	to to	<u> </u>		
		22d. PHYSICIAN'S NA	S. ME (TYPE OR		SHEY	m.D.	22e. ADDRESS	MEDICAL STAL	IAN 🗌	ter me	18/80
	23a. [BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE 10-11-			emetery or crematory rthodox Cemete	ery Baltim	ore Ba	altimor	e Md.

3021 Eastern Avenue Baltimore, Md.

BY REGISTRAR 25b.

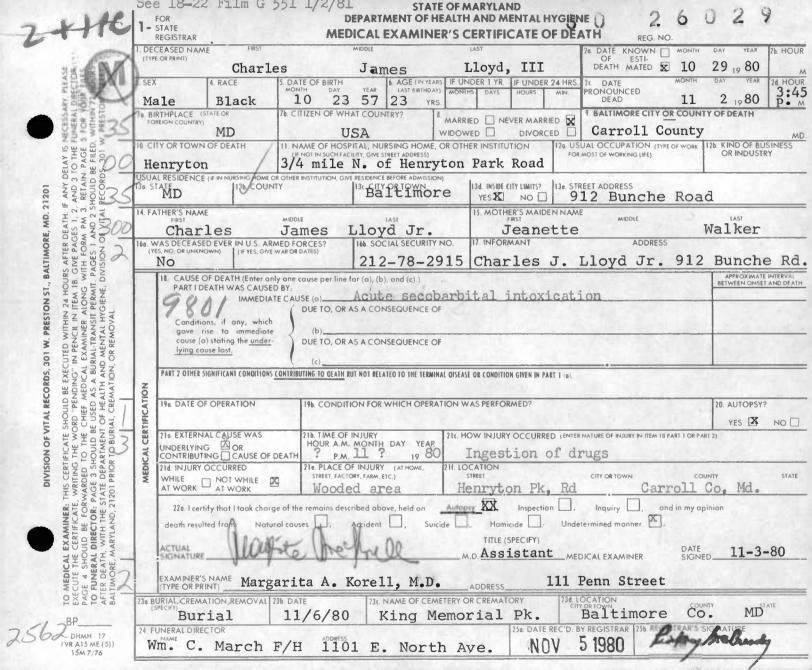
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MARYLAND STATE DEPARTMENT OF HEALTH

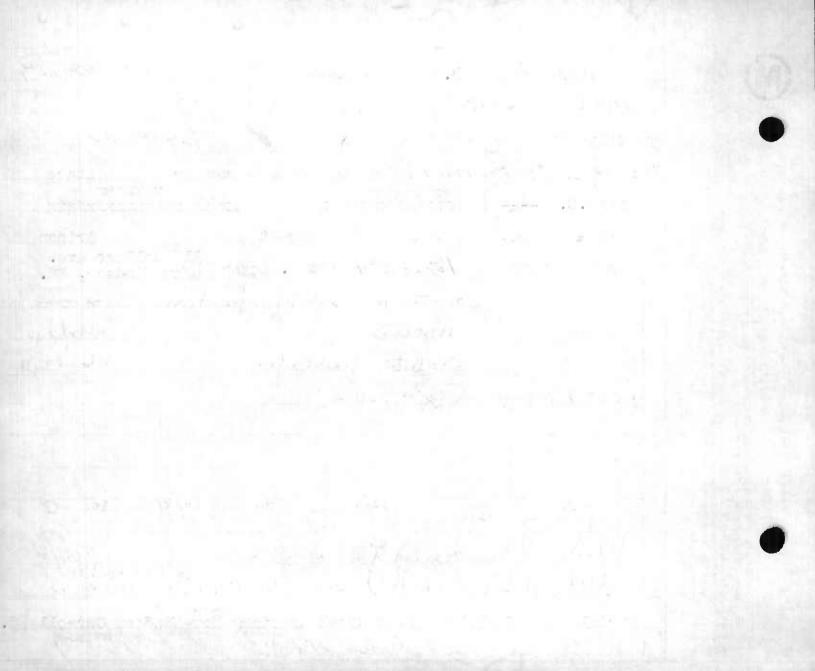
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2	1.	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. N	2 6	U S	Ų
		CEASED NAME FIRST		MIDDLE	(AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
eoth 3	{TYPE	Robert	1	Ħ.	1	1 GAD		1031	80	1245 pm
ter d	3 SE		4 RACE	1	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		O' TO ENT TE PAR	IF UNDER 24 HRS
		male	Whit	te	MONIF	DAY YEAR /	48	YRS	NTHS DAYS	HOURS MIN
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= 5/2		nnsylvania	4.5	9	WIDOWE		CA	RROL	.W	MD.
O Logical	4	ITY OR TOWN OF DEATH		CH FACILITY, GIVE STREE		Nac Lan	120 USUAL OCCUPATI		INDUSTRY .	BUSINESS OR
be be	USU.	AL RESIDENCE (IF MORSING HOME O	R OTHER INSTITUTION	N GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	manager 13e. STREET ADDRESS	milen or	stor	re
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Poges	180 V	11 11	E WAR OR OATES)	16b SOCIAL SEC	-9036	17 INFORMANT	315	Colle	ge Ave	9.
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or re		25/10		OR AS A CONSEQU		2	March Cons			
		Conditions, if any, which	((b)_	ASCI					alord	245
se remove I, cremotion ather traum		gove rise to immediate cause (a), stating the	DUE TO, C	DR AS A CONSEQU	JENCE OF				A	,
or ath		underlying couse lost.	(c)	Dali	tes	Mellettes			alour	13423
lury.	z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	
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s > \(\(\)	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY)	. 236. DATE	23с.	NAME OF C	EMETERY OR CREMATORY	134 LOCATION		DUNTY	STATE
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STATE OF MARYLAND

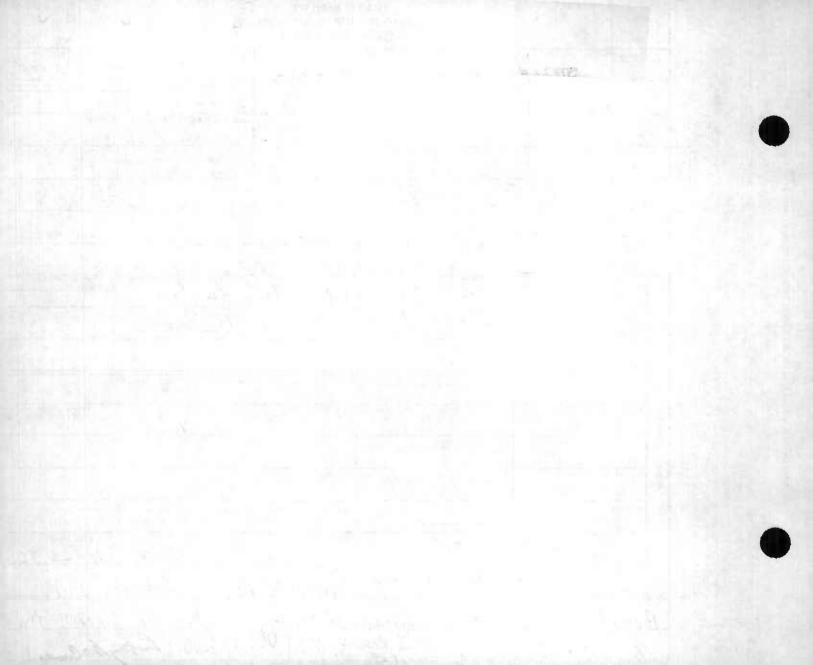


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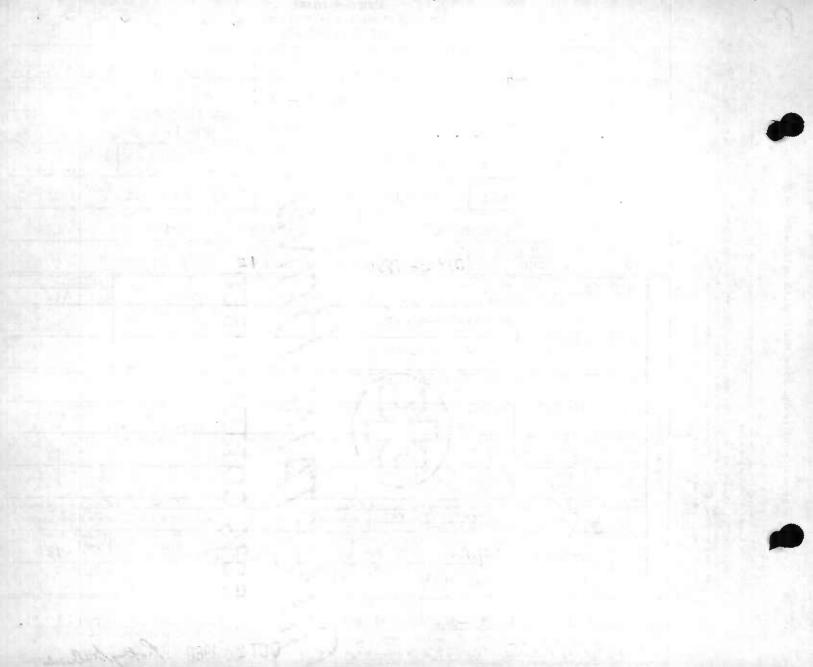
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TIMO TER I FOR FOR I	2	60. W	AS DECEASE S, NO, OR UNKNO	D EVER IN	U.S. ARM	NED FORC	ES?	16b. SO	-05-6	RITY NO.	17. INFO	RMANT		k 44	ADDRES			
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S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITHOG THE WOODS" PENDING" IN PENCIL IN ITEM 18. PRED TO THE CHIEF MEDICAL, EXAMINER ALONG W. P. 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. E DEPRATIMENT OF HEALTH AND MENTAL HYGIENE.	KIAL, CR	MEDICAL CERTIFICATION	19a. DATE OF	FOPERATI	ION	196	CONDIT	ION FOR	WHICH OI	PERATION V	VAS PERFC	DRMED?					20 AUTOP	SY?
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST	MARYL	d	deoth result	red from:	lucion	ol couses	Dol	Accident	∟,		TITLE	(SPECIFY) Sistan				DATE	. 1	0/29/80
AEDICA CUTE THI E 4 SHC B DEATI	2 WORE		EXAMINER'S (TYPE OR PRI	NAME	Vii	rgini	a L.	Do la	an, M.		ADDRESS	111	Penn			SIGN	0	
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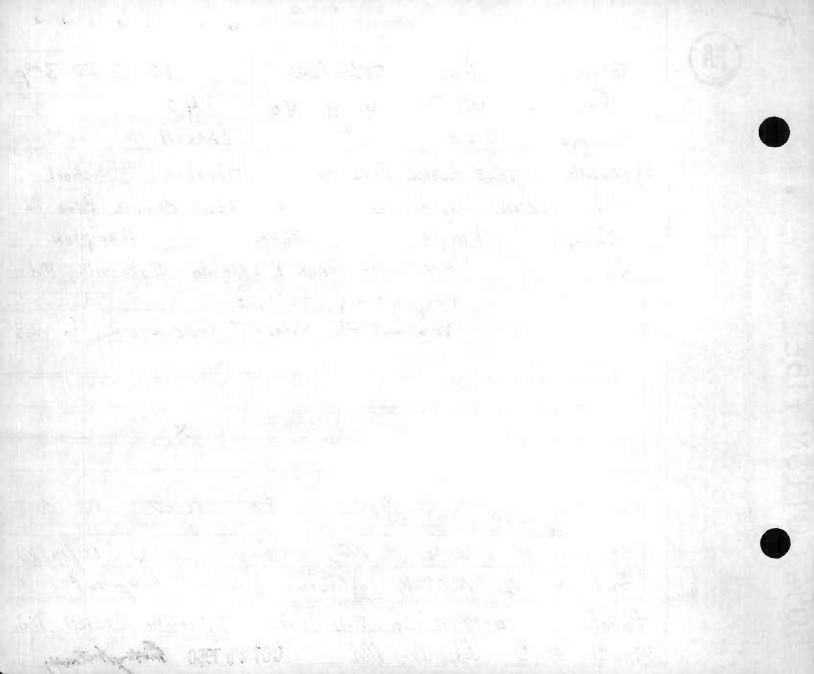
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1,	FOR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL H	YGIENES U	26033
12	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	
1. D	ECEASED NAME FIRST	WIDALE	LAST		MONTH DAY YEAR 26 HOUR
(TY	STELL	0 1000 211	150 00-00-0	10	25 80 5.501
3 S		A NORA MIL	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	
		CAU	MONTH DAY YEAR	89	MONTHS DAYS HOURS MIN
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	12 2 90	- /	PR COUNTY OF DEATH
20	COUNTRY)		MARRIED NEVER MARRIED		
	ENN	U.S.A.	WIDOWED DIVORCED		ROLL
7 10.	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION (ADDRESS)	12a USUAL OCCUPATI	F WORKING LIFE) INDUSTRY
<_	SYKESVILLE	SPRINGFIEL		RETIRE	ED NIA
USI 130	UAL RESIDENCE (IF NURSING HOME OF STATE 1136, COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e STREET ADDRESS	
2	MD. ALL	EGHANY CUMBER		-	DOOCK RO.
14. [ATHER'S NAME		15. MOTHER'S MAIDEN N	IAME	
0	ABE N	MDDLE LAST MEAGE	PIRST	MIGGLE	MEAGER
160	WAS DECEASED EVER IN U.S. AR	1 - L'EVOT		ADDRE	
1		WAR OR GATES)			
			8140 SPRINGFIE	CD HOSPIIA	L CENTER
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b) and	ic history	La La	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		E CAUSE (O) Crandia	- res priaco	19 Jenin	
	4/49	DUE TO, OR AS A CONSEQUE	NCE OF	- 4.	
	Canditians, if any, which	(b) Is ch	ence hear	dislast	
	gove rise to immediate	DUE TO, OR AS A CONSEQUE	NCECE		
	underlying cause lost.	DOE TO, OR AS A CONSEQUE	NCE OF		
	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO THE TE	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(g)
No.					
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
) E				YES NOX	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
ER	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	71r HOW IN HIPY OCCI	JRRED (ENTER NATURE OF INJUI	
	OR CONTRIBUTING CAUSE OF DEA			NACO (CIVILA INACIONE OF INSOI	TO T
1 5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
MEDICAL	21d INJURY OCCURRED	218. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
_ <	AT WORK NOT WHILE AT WORK				
	220.1 certify that (I) (this haspi	tal) attended the deceased from_		, ta	, 19, that (I) (we) li
	saw the deceased alive an		, and that in (my) (our) apinio	in death accurred an the de	ate and haur and from the causes stated
	abave, (I) (we) (did) (did no	t) view the bady after death.	DEGREE		226. DATE SIGNED
	11/mour	(ap	ATTENDING	MEDICAL STAI	FF _
	Color -		PHYSICIAN	DIRECTOR PHYSIC	IAN V 10-25-86
	22d. PHYSICIAN'S NAME (TYPE O		220 ADDRESS	,	
	F. SENA	NAYARE,	. Springfield	Hospital -	Dykesville Md.
230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATOR	23d LOCATION	
	ASPECIFY) 1		. 4 1 1 4 1	CITY OR TOWN	COUNTY STATE
		111-78-80 50	rinatiald Commeter	Sulves	alle (Appoll M.
	SUTIAL FUNERAL DIRECTOR	10-28-80 Sp	ringfield Cemeter	AEREC'D BY REGISTRAR	selle CARROLL Me

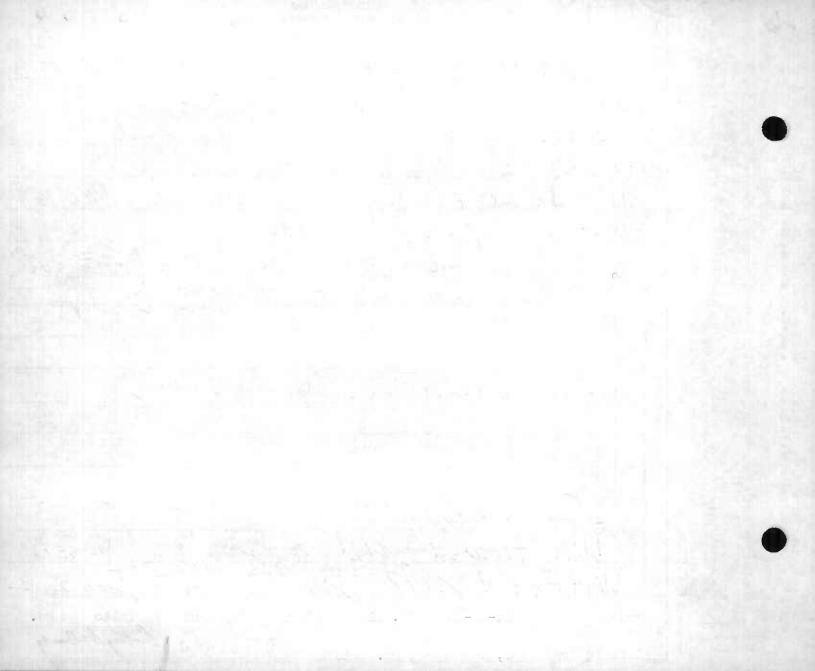


STATE OF MARYLAND

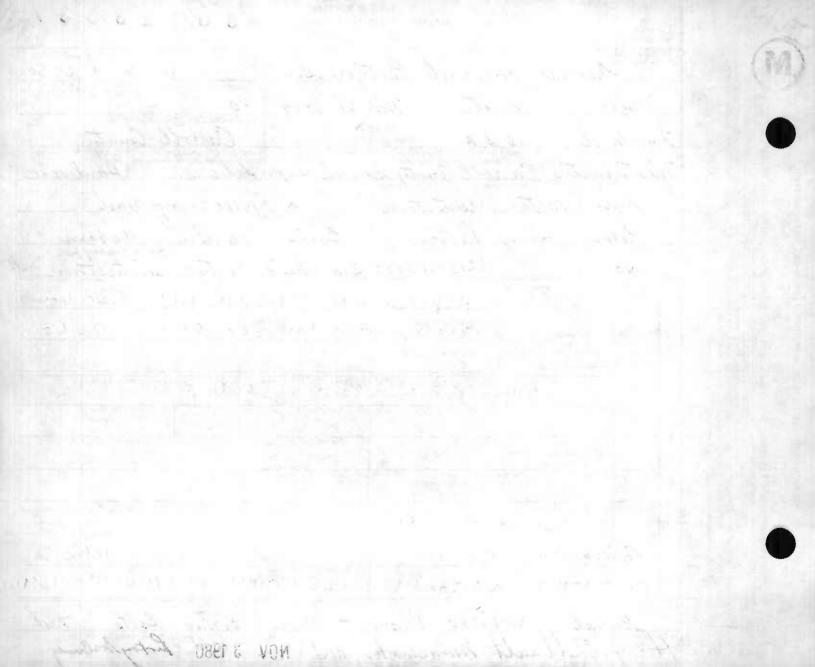




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7			1.	FOR STATE REGISTRAR	DE		ALTH AND MENTAL I	HYGIEN	0 2 REG. NO.	6 0 3) 0
	0.6		I. DE	CEASED NAME FIRST	MIDDLE	DAI	7	2a. DATE C		25-1980	2b HOUR
1	poge decr		3. SE	10 11	4 RACE	5. DATE OF	BIRTH	6 AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER I YEAR	5350M
4.75				MALE	White.	MONTH 12	-20 - 07	7	7	MONTHS DAYS	HOURS MIN
		25		DUNTRY)	76 CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED		ORE CITY OR COL	INTY OF DEATH	
	-11	200	10 C	TY OR TOWN OF DEATH			DIVORCED	120 USUAI		12b. KIND OF	MD F BUSINESS OR
1	t page	10	1	1AN chester	LUNG VI	e STREET ADDRESS)	ming Ho,		THE ROST OF WORK		
-	and by	25	130	AL RESIDENCE (IF NURSING HOME OR ITALE)			13d. INSIDE CITY LIMITS	? 13 STREET	ADDRESS	BI	- /
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	ample I and	D/d		WATSON	PA/M	101-	Add	A Ada	WIDDLE	Wilh	=LM
	in and co	medico	160 \	no	MED FORCES? 166 SOCIA WAR OR DATES)	107.00	17 INFORMANT MI 2551 Ball	5 hel	Blod-	Finhshin	21047
		event, the		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per line for (a),	(b), and (c)	+- 0	andir	Voscul	APPROXIA BETWEEN O	A E INTERVAL
7 7	ng p bon	ic eve		LA S CO O IMMEDIATE	CAUSE (a) CILL	rioull	rolle	1	word	5 4	1
10.00	attendi ation, a	ac ma		Conditions, if ony, which	DUE TO, OR AS A CON	ISEOUENCE OF					
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	en sig Then	ralu:	NO	progresse	re Cerel	wal Va	scular	my	Jecon	7	
1111111	visicion. cate has beer ansit permit. Hygiene prior	Shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	which operation	WAS PERFORMED	200 AK1	OPSY? 20b. 4 IN C	YYES, WERE FINDIN ERTIFYING CAUSES YES [GS USED OF DEATH? NO [
7 144	physicio fificate h I-transit al Hygie	8 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONT		21c. HOW INJURY OCC	URRED (ENTER N	IATURE OF INJURY IN ITE	M 18, PART I OR PART 2)	
	ria ent	ar Hen	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION				
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1	Sp To	em 7		saw the deceased live on above (1) (we (did) (did not 22b. SIGNATURE	view the body after death.		that in (my)(our) opin	ion death occur	ed on the date one	22c. DATE	
	to be de de	± 		MH	tround	M	7 ATTENDING PHYSICIAN	MEDICAL N DIRECTO	STAFF	10/2	5/00
	etoined by the TO FUNERAL should be det with the State	MPORTAN		22d. PHYSICIAN'S NAME CTYPE OR	ALL M	D	MANC	23 /	Mais	Stud.	21102
-		≥	23a. [URIAL, CREMATION, REMOVAL Surial	23b. DATE		METERY OR CREMATO	CITY	OR TOWN	Balto	ŞĮĄJĘ
	BP	- 1		BurlaL INERAL DIRECTOR	10-29-80	Mt. Zlon	Cemetery	Uppe		BBLITO SSIEARS SIGNAM	Md .
	NH - 16 60M 1/75 VR A 15 (4))			NAME Cline Funeral Ho	ADDA Me Hamnstee		207)		1980	stry Mel	way
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					STATE OF MARYLAND	25 /5	0 4 0 7 7
		1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	LYGIENE & U	20001
-			REGISTRAR			REG. NO	
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at at	1	10.C	TY ON TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	
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and and	20		John H	arry Teltres	Janel	Nauline.	Osborn
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physicia papers. emoval.			PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), an	d (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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: The I. e has b permit. ene pri	0	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
an. an. cate I it per rygien 18 sh	1	TE				YES NO	YES NO
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or a or a OR: Se a Heal			220.1 certify that (1) (this hospite	ol) ottended the deceosed from _	10-29-19	10-2	, 1, , 1, 1, (1, (1, (1, (1, (1, (1, (1,
ATT putal ECT for u			saw the deceased olive on above, (I) (we) (did) (did not	10-30-19	ond that in (my) (our) opini	on death occurred on the dot	e and haur and from the couses stated
DIRE Dept.			226. SIGNATURE	view the body differ debth.	DEGREE		22c. DATE SIGNED
ALOR AT the hospital ALDIRECT tached for use te Dept. of 1			Caritradued	u magamy	ATTENDING	MEDICAL STAFF	1.1- 10
HOSPITA ined by th FUNERA uld be deta the State ORTANT	-		226. PHYSICIAN'S NAME (TYPE OR			DIRECTOR PHYSICIA	10130186
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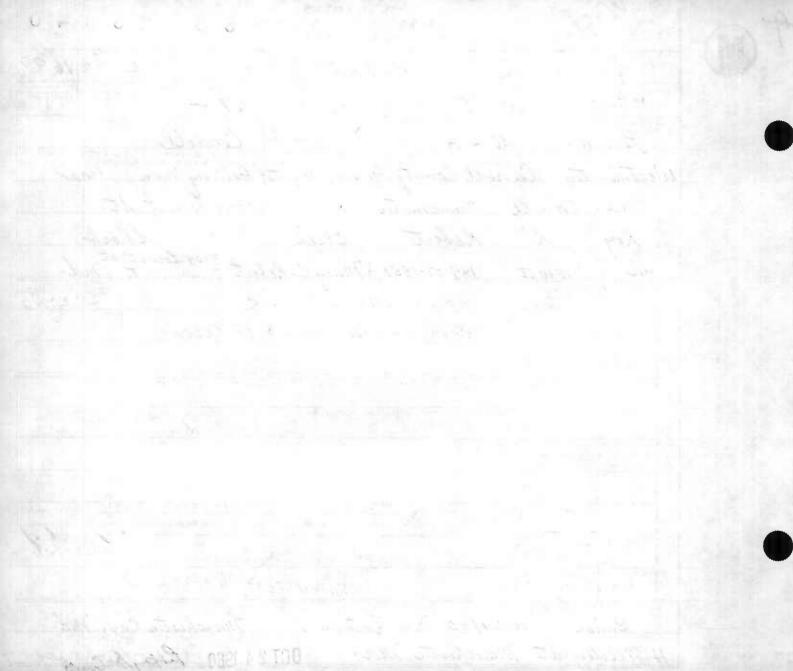


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equires physici signed burial-i burial,		PART 2. OTHER SIGNIFICANT COND	(C)	ING TO DEATH BUT NO	OT RELATED TO TH	F TERMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(a)		
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OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ye 3 shauld be detached far use as the burial-trailed with the State Dept. af Health priar ta burial, cre	CERTIFICATION				57530	YES NO	CAUSES	OF DEATH?		
A ar		210. ACCIDENT WAS UNDERLYING			21c. HOW	INJURY OCCURRED (Ent	er noture of injury	in Port 1 or Part 2,	Item 18.)	
Pital Pital A de for af H	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	P.M.	Month Doy Year						
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AT AT Showith vith		22b. SIGNATURE					MED.	STAFE 22c	. DATE SIGNED	
OR DIRE			ulypron e s	1.01	DEGREE	PHYS.	DIRECTOR \square		0-19-8	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar aftending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached fir use as the should be filed with the State Dept. af Health prior to	-									
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I INA	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8 0	260	4 0
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72 h	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Carrol	COUNTY OF DEATH	MD
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ad bis 200 130	UAL RESIDENCE (IF NURSING HOME OF 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW MENCH	aten YES NO [134. STREET ADDRESS	ust St.	
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nt, the m	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE YES WWW	E WAR OR DATES)	4	elest man	Locust St. m.	d.
removal	PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), and ED BY. TE CAUSE (a)		STR	BETWEEN 2	MATE INTERVAL ONSET AND DEATH YEARS
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and wental rigglene prior to arked or Item 18 shows any is weet or Item 18 shows and it	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND II IN CERTIFYING CAUSES YES	NGS USED S OF DEATH? NO []
or Item 1	OR CONTRIBUTION CANCE OF DE	HOUR A.M. MONTH DA	Y YEAR 19	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2	
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m 21 is	saw the deceased alive an	ital) attended the deceased fram to 10 21 19 19		to 10 - 21-	. 19.322.	that (I) (awe) last causes stated
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ate ate			22e ADDRESS	- MAD	0	
The State	226 PHYSICIAN'S NAME (TYPEO		WITMINST	ER, WARY	CAND	
TO FUNEMAL IS STORED WITH THE STATE OF IMPORTANT: 1		PKOW	WSV MUNSV. JAME OF CEMETERY OR CREMATORY W Futheran		cano country	nd.



4	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. No.	26041
对类型影片		ECEASED NAME FIRST (PE OR PRINT) Mabe	MIDDLE 20. DATE KNOWN OF ESTI-	MONTH DAY YEAR IN HOUR
A PULA	I SE	emale White	S DATE OF BIRTH 2-25-1900 6 AGE (IN YEARS) FUND FOR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD YRS.	10 13 1980 H
WINDERS, ST. CO.	60	OREIGN COUNTRY)	U.S.A. WIDOWED DIVORCED Carroll	MD.
DELAY IS TO THE N PAGE BE FILED	90 V	lestminster	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 150 IN TIMBER RELIEVED TO THE PROPERTY OF THE PROPERT	EOF WORK 12b. KIND OF BUSINESS OR INDUSTRY Home
1201 AND 3 RETAIN HOULD	35 130.	STATE 136. COUN	roll Westminster YES NO□ 56 Timber Ri	.dge
MD. ATH. PM. YQ 2	60	FATHER'S NAME FIRST John M.	22222002	isher
, BALTIMORE, URS AFTER DE WITH FORM I. PAGES LAN DIVISION OF	/ 160.		E WAR OR DATES)	ninster, Md.
301 W. PRESTON ST., CUTED WITHIN 24 HOL IN PENCIL IN ITEM 18 I EXAMINER ALDING V URIAL-TRANSIT PERMIT 40 MENTAL HYGIENE, I	OR REMOVAL.	Canditions, if any, which gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	DBY: THE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF (b) Outlieted by Heute Myseasler DUE TO, OR AS CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L RECORI MULD BE E WENDIN BED AS A	CATION	190 DATE OF OPERATION	SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	18 AUTOPSY?
ON OF VITA PICATE SHO THE WORD OUTD BE U	Control of the Contro	THE EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INITIALY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	YES NO
DIVISION OF HIS CERTIFICATI WRITING THE W ARRED TO THE GAE I SHOULD ATE DEPARTMEN	MEDICAL	214. INJURY OCCURRED	ZIE PLACE OF INJURY (ATHOME. ZII LOCATION STREET, FACTORY, FARM, ETC.). STREET CITY OR TOWN	COUNTY STATE
AL EXAMINER: THE CERTIFICATE MOUTO BE FORM MOUTO BE FORM THE ST.	E MARYLAND, 213		gr at the remains described above field an Autopsy Inspection Influence on Inquiry on Inspection Account Inquiry on Interest Industry Indu	DATE STONED # BOX 80
O MEDICAL XECUTE THE XECUTE THE STER & SHOI FIER DEATH.	7	EXAMINER'S NAME (TYPE OR PRINT)	ADDRESS	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	10-17-80 Evergreen Menorial Finksburg Ca	
DHMH - 17 (VR A15 ME (5 15M 7/77		Robert Kyl Pri	the L. ADDREN Section of OCT 2 3 1980 Line	STRAN'S SIGNATURE

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		REGISTRAR CEASED NAME FIRST E OR PRINT)	M	IDDLE		AST OF DEATH	REG. NO	MONTH DA	_	2b. HOUR
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age 4 ma	3 SE	*female	Cau		S DATE C		6 AGE JIN YEARS LAST BIRT		F UNDER I YEAR	HOURS M
neral dir		IRTHPLACE (STATE OR FOREIGN 71 OUNTRY) estminster	U.S.A	VHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C		
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within 24 ho	13e	AL RESIDENCE IN NURSING HOME OR O STATE 136 COUNT Maryland Carr	Υ	GNE RESIDENCE BEFORE 13c CITY OR TOWN Westminst	٧	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 116 East	Green		4 - 7
7 00 /- /	14. F.	ATHER'S NAME FIRST Elmer	DDLE	Bollinge:	•	15. MOTHER'S MAIDEN NAME FIRST Mary	AE MIDDLE		Wan	
te be executed an and complements. Pages 1 and 1. It, the medica		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) 1# YES, GIVE W	ED FORCES?	220-16-05	RITY NO.	Mrs. Emma Lor	ADDRE			
equires that the death certificate gened by the attending physicia please remove carbon papers. burial, cremation, or removal. njury, or other traumatic event		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	a of leter				ears
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SICIAN ysician.		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF HOUR A.A	A. MONTH DA	Y YEAR	21c HOW INJURY OCCURR				
NDING PHY attending ph attending ph as there this cas the burial-lath and Men s marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TOW	VN.	COUNTY	STATE
A ATTE Sepital or RECTOR of for use bt. of Hee	5	22a. I certify that (I) (the hospital saw the deceased alive on both (I) (we) (did)	leer	8 10 8		d that in (my) (oor) apinian d DEGREE ATTENDING PHYSICIAN		ote and haur		
TO HOSPITAL Setained by the hr TO FUNERAL DI should be detache with the State Der	6		Stee		AME &	210 Washing		West	tenin	2115
BP		Burial	23b. DATE 10-21-	80 St.	John	s Leister's	23d LOCATION CITY OR TOWN Westmins	ter C	arroll	
DHMH-16 25M (VRA 15, 4) 1/79	8	ate fletche	Westmi	Fletche st Main nster, Mo	. 21	Son F.H.	7221980	4	7	57

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		on an 1	

Wayne George 202 Greene St. Cumberland. Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

- STATE

BP.

DHMH - 16 60M 1/75

(VR A 15 (4))

126 KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SEAMSTYESS HemLock LANE Morse SOCIAL WORKER CCG APPROXIMATE INTER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ___, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated 22c DATE SIGNED MEDICAL STAFF 10/4/80 (SPECIFY) Burial 928, Fulton Co. Penna. 10/7/80 Damascus Church Cem.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

YEAR

DAYS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

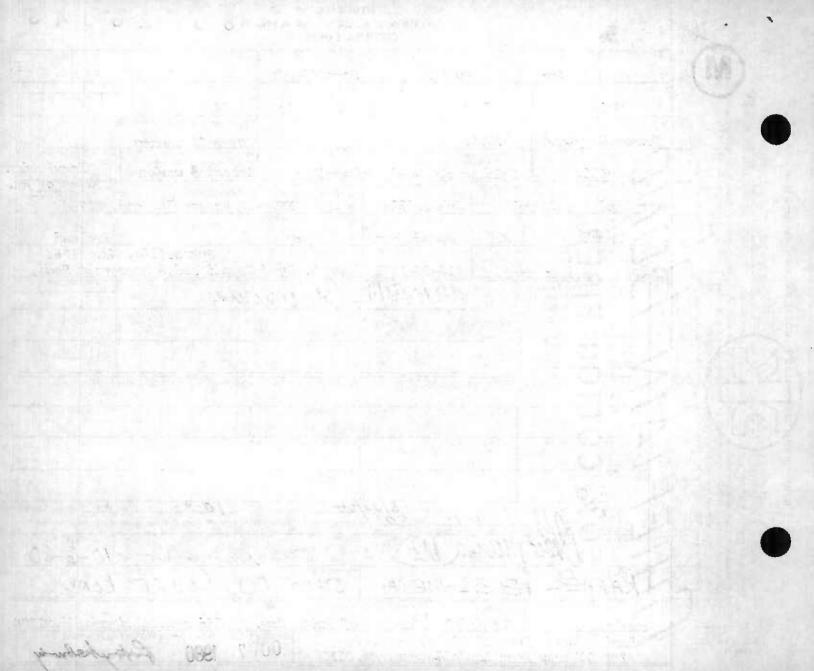
	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
	ECEASED NAME	FIRST		WIDDLE	L	AST .	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(1Ab	PE OR PRINT)	Carl		Duncan		Standiford		10 0	4 80	P
3 SE	EX	4	. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	RIHDAY)	IF UNDER 1 YEAR	
	Male		Whi	ite	04	22 16	64	YRS.	MONTHS DAYS	HOURS MIN.
₹o. B	COUNTRY)	R FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	haron, Mary		U.S.A	1.	WIDOWE		Carroll C	ountu		MD
10. C	ITY OR TOWN OF DI	EATH 1		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND (OF BUSINESS OR
2	Sykesville			sevelt Roc		ukesville	Asbestos w	orker	IFE) INDUSTRY	nsulatio
	JAL RESIDENCE (IF NU	RSING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	87-70	Worke	rs of Am
	aryland	Carre		Sykesvi		YES NOXX	3 Rooseve	1t Roc	ad, 217	84
$\overline{}$	ATHER'S NAME			1.03.0000		15. MOTHER'S MAIDEN NA	ME	2100	100	
	Frank	M	E_{\bullet}	Standi	fond	Maru	WIDDIE		Irel	4.
	WAS DECEASED EVE		ED FORCES?	166 SOCIAL SECUI		17. INFORMANT	C217000	589770	, Md. 2	
-	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-09-7	7777	Emma M. Byrd				
-					12	I Brillia II. Dyra	Dianaijora	, o no		CIMATE INTERVAL
	18 CAUSE OF DEA	WAS CAUSED	ane cause per BY:	11/11/02	Dater	(axkini	oura		BETWEEN	ONSET AND DEATH
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	1991		DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if on		(ib)_		1000			1000		
	gove rise to in cause (a), stat		DUETO	R AS A CONSEQUE	NCE OF					
	underlying caus	se last.	(10)	K AS A CONSEGUE	NCE OI					
	PART 2. OTHER SIG	SNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	VEN IN PART 1	(0)
CERTIFICATION					150					
AT	19a. DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
FF							YES TO NOT	1	FYING CAUSES	NO []
ERT	21a ACCIDENT WAS U	NDERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCUR				NO []
	OR CONTRIBUTING			M. MONTH DA			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Dic.	(IF EITHER NOTIFY MEI		P.,		19	ALL LOCATION				
MEDICAL	WHILE TO NOT V		(AT HOME, STR	DE INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	AT WORK AT W				- 1	,				
	220.1 certify that (0 / 1) attended the	e deceosed from_	5/20	164 19		in .	19 00	that (I) (we) last
	saw the decea above, (1) (we)		view the hady	ofter death	(O_, or	d that in (my) (aur) opinion	death occurred on the a	ote and hav	ur and fram the	causes stated
	22b. SIGNATURE	(None	Mil.	4 11		DEGREE			22c. DATE	SIGNED
	- 17	pere	muc	aM)	ATTENDING PHYSICIAN [TEDICAL STA		1/1	1-RD
	22d PHYSICIAN'S N	JAME (THE CAL	Am			122e ADDRESS	DURECTOR PHISI	IAN	70	p, 60
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	I VIII III		100	7		3400 0	٠,	70	COR	
	BURIAL, CREMATION (SPECIFY)	I, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial		10/08	3/80 Gar	rdens	of Faith Cem	. Baltimor	e, Bal-	timore,	Md. 21206

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24 FUNE PAIDING Byers Funeral Directors P.A. 8728 Liberty Road, Randallstown, Md. 21133 250. DATE REC'D.

OCT 7



DHMH-16 25M

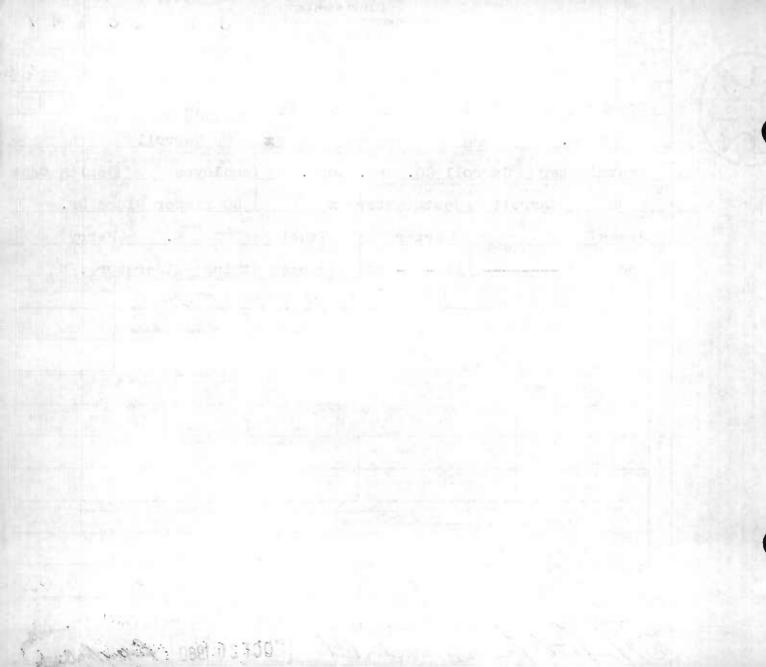
(VRA 15, 4) 1/79

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH MONTH YEAR 26. HOUR IF UNDER 24 HRS IF UNDER 1 YEAR MON1H5 OAYS YRS **BALTIMORE CITY OR COUNTY OF DEATH** Carroll Co. 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY St. Joseph Hosp. 2550 Albert Rill Road LAST Tawney 7024 Mr. Donald E. Thompson, Westminster, Md. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (per) opinion death occurred on the date and hour and from the causes stated 22c. DATE/SIGNER COUNTY STATE Carroll Md. 24 FUNERAL DIRECTOR ADDRESS NAME Eline Funeral Home Hampstead. Md. 2107

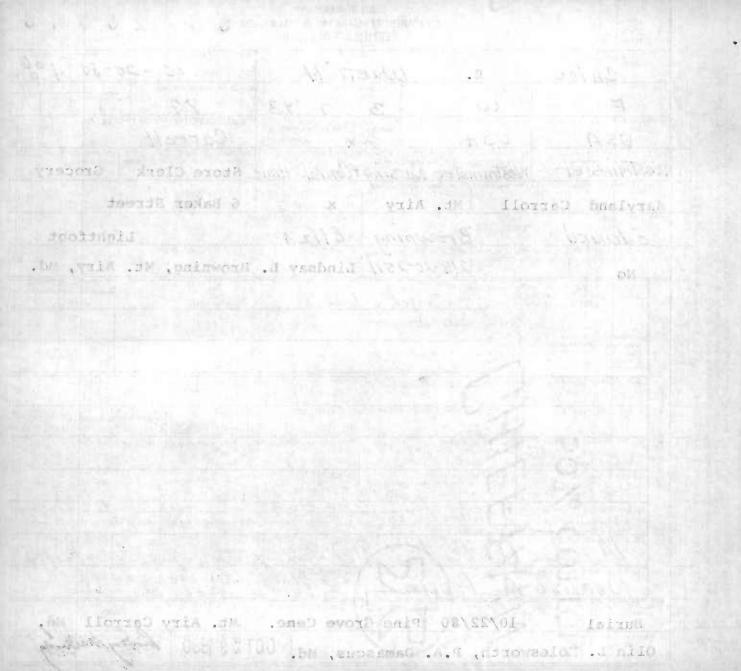
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE LAST 2g DATE OF DEATH MONTH 2b HOUR TYPE OR PRINT Mildred Van Cleaf Doris 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS 13 10 female white To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Conn. Carroll WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Westminster Carroll CO. Gen. Hosp. employee Health Dept USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13m STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2 should Timber Ridge Dr. Westminster 80 Carroll YES TO Md 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Carter Ethel Perry James Μ. ADDRESS PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-09-8035 Frances Atkins Eldersburg. Md no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for will and ich PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ACONSCOUENCE OF Canditians, if any, which gove rise to immediate cause (a), stoting the OR AS A COMSEQUENCE OF underlying cause 0 ö a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Mentol Hygiene NO YES T NO I Tonsit 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH buriol-tr Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY o p CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from FUNERAL DIRECTOR-S sow the deceosed alive an , and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the body after death 22h SIGNATURE 224 DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
DIRECTOR | PHYSICIAN | be deta Stote l PHYSICIAN -22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S MPORT 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Pro cess Catonsville Bal 250. DATE REC'D. BY REGISTRAR 25b. RE DHMH - 16 50M 1/76 (VR A 15 (4))



					MARYLAND		.01	a a 63
		FOR STATE REGISTRAR		CERTIFICA	TH AND MENTAL HYG ATE OF DEATH	REG. NO		0 4 8
		CEASED NAME FIRST	WIDDLE	LAST	6.11	2a. DATE OF DEATH	MONTH DAY YE	IN. HOOK
n l	3.1SE	chioe	B.	Waet	1eld	6. AGE (IN YEARS LAST BIRTH	0 -20 - 8	FP
Y		F	ω	S. DATE OF B	DAY YEAR 3	87	MONTHS (DAYS HOURS MIN
19	₹d B	RTHPLACE ISTATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTS	MARRIED C	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEAT	.H
1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Westminster A	SING HOME OR C		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Store CI	WORKING LIFE) INDUS	ND OF BUSINESS OR
35	130.	AL RESIDENCE (IF NURSING HOME OR 13b. COUNTY Land Carr	OTHER INSTITUTION, GIVE RESIDENCE BE	OWN 1130	I. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Street	
	-	THER'S NAME	WIDDLE TO LAST		MOTHER'S MAIDEN NAM		Light	foot
1		VAS DECEASED EVER IN U.S. AR		CURITY NO. 17	INFORMANT	ADDRE	SS	
/	L	NO.	219-20	-25// I	indsay L.	Browning,		
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one couse per line for (0), (b), D BY. E CAUSE (0) Milai	tatie l	react car	elvorna	AF BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (01, stoting the	DUE TO, OR AS A CONSECTION OF THE TOTAL OF THE TO, OR AS A CONSECTION OF THE TOTAL OF THE T					, v
		underlying couse lost.	(c)					
	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING T	O DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PAI	RT 1(o)
2	IFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO			20a AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED USES OF DEATH?
29	CAL CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	196. CONDITION FOR WHI	CH OPERATION V		20a AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAI YES []	NDINGS USED USES OF DEATH? NO []
29	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	DAY YEAR	/AS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FI IN CERTIFYING CAI YES TO YIN ITEM 18, PART 1 OR PAR	INDINGS USED USES OF DEATH? NO Tr 2)
29		19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospill sow the deceased alive on obove, (1) (we) (did) (dud no obove, (1) (dud no ob	19b. CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 CE, FARM, ETC.)	AS PERFORMED THOW INJURY OCCURS	20a AUTOPSY? YES NO	20b. IF YES, WERE FINCERTIFYING CALL YES TO YIN ITEM 18, PART 1 OR PART N COUNTY 19 80 te ond hour ond from	INDINGS USED USES OF DEATH? NO STATE tr 2) tr 4 tr 4 tr 4 tr 4 tr 4 tr 7 tr
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IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or	WEDICAL WEDICAL	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspings of the deceased alive on above, (1) (we) (did) (did no 27b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE OF THE COMMANDATE)	19b. CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI tol) ottended the deceased from (a 20 15) (b) 150 (c)	DAY YEAR 19 21 CE, FARM, ETC.) 21 22 23 24 25 26 27 27 28 20 21 21 21 22 22 23 24 25 26 27 27 28 20 20 20 20 20 20 20 20 20 20 20 20 20	AS PERFORMED THOW INJURY OCCURE LOCATION STREET 19 79 Thort in (my) (our) opinion of the control opinion opinio	280 AUTOPSY? YES NO ENTER NATURE OF INJURE CITY OR TOW CITY OR TOW A DIRECTOR PHYSIC HATE ME INSTER 13d LOCATION CITY OR TOWN	206. IF YES, WERE FINCERTIFYING CAIN YES TO YIN ITEM 18, PART 1 OR PART IN COUNTY OF THE ONLY OF THE O	NDINGS USED USES OF DEATH? NO



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16	1. DE	REGISTRAR CEASED NAME FIRST E OR PRINT)	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
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age 4 rector, presenter	3 35	MALE	CAUCASIAN		71 YR	MONTHS DAYS HOURS
neral dii 72 hou	C	IRTHPLACE (STATE OR FOREIGN COUNTRY) aruland	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED [L COUNTY
by the fundamental within	10 C	stminster	11. NAME OF HOSPITAL, NURS INFNOT IN SUCH FACILITY, GIVE STREE 18 Hickory Co.	ING HOME OR OTHER INSTITUTION ET ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS INDUSTRY Balt Transit Co
thin 24 hou y filled in bould be file	USU.	AL RESIDENCE IF NURSING HOME OR STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION) WHAT THE THE THE THE THE THE THE THE THE TH	III. CYNEST ABODESC	COURT
npletely and 2 shou	14 FA	and and and	widdle last E. Warren	15 MOTHER'S MAIDEN F		Gilbert.
be execu	0	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT Mrs	. Grace Despeaux Drive, Frederick	
hysiciar apers. P noval. c event,		·	ly one couse per line for (a), (b), o		bait disease	APPROXIMATE INTERVA
ath cer nding p arbon p n, or rer aumatic			DUE TO, OR AS A CONSEQ			
that the di		Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ment	us)	
signed by en please to burial,	7		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition	GIVEN IN PART 1(0)
e has been ermit. The law shows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH' YES NO
PHYSICIAN: ng physician. this certificate urial-transit pe Mental Hygier d or Item 18 sl		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH 216. TIME OF INJURY HOUR A.M. MONTH (DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM	
ENDING PHYSICIAN ratending physician DR: After this certificate as the burial-transit lealth and Mental Hygician arked or Item 18 is marked or Item 18	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
CTC CTC CTC n 21 H		22a.l certify that (I) (this haspit	of offended the deceased from	, 19, 19, 19, opinion	on death occurred on the date and I	19 80, that (I) jump
E host e host ched Dept	(obove, (1) we) did (did not	Doyse Rud	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10 18 80
IOSPIT red by UNER, d be de d be de the Sta		22d. PHTSICIAN'S NAME (TYPE OF	PENSCHADE	220 ADDRESS	GHTS MED CUT	S MEZIMINO
To retain with with MP	23a. E	BURIAL, CREMATION, REMOVAL SPECKY) BURIAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR Puid Ridge Cemetes	Y 23d. LOCATION	county STATE Baltimore MD
BP		Durela	1 10/61/80 1	TYPINA KAMAD ('AMATA)	MILL WALLACTER / / A	

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17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 6610 Fairmount Ave. 27275 Horstman 21157 2201 Old Washington Rd., Westminster APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CH monin PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 80 , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED E.Main VI- Westminkly MD 2117-Baltimore 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A.P. 8728 Liberty Rd., Randallstown, MD 21133

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO

2h HOUR

IF UNDER I YEAR

DAYS

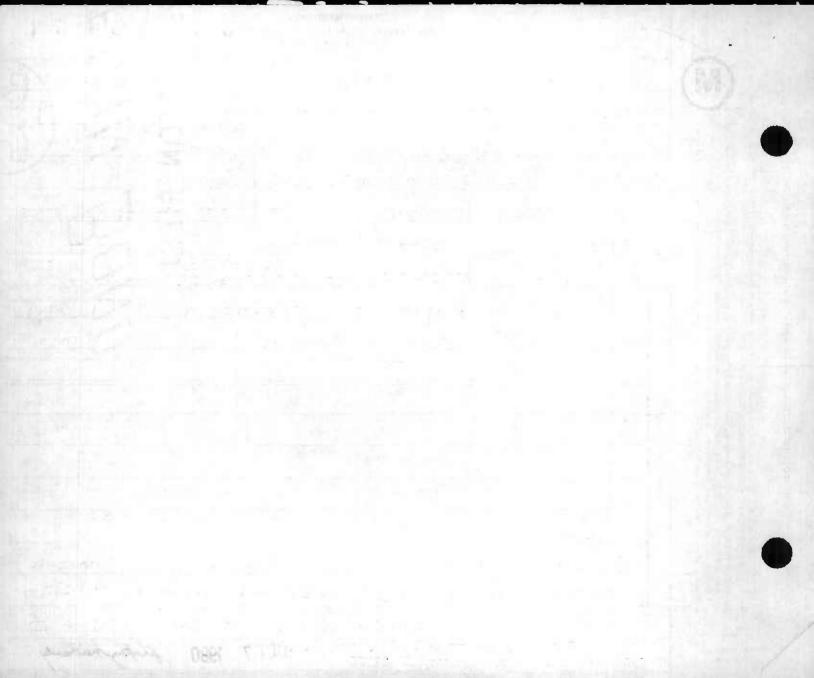
0200 ,

PRESTON ST DIVISION OF VITAL RECORDS,

> DHMH - 16 50M 1/76 (VR A 15 (4))

STATE

REGISTRAR



MALE WHITE GANTH DAY YEAR 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH RECIETY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE REFORE ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE REFORE ADDRESSIONAL	
TYPE OR PRIMARRY STERLING VINGLING SR. OCTOBER 31-1 3. SEX 4. RACE 5. DITE OF BIRTH AONTH DAY TEAN 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF HUBSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE REFORE ADMISSIONA 12. SA MIDD DIVORCED 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) IN AUSUAL RESIDENCE (IF HUBSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE REFORE ADMISSIONAL 13. SEX 4. RACE 5. DITE OF BIRTH 76. AGE (IN YEARS LAST BIRTHDAY) FOR AND STREET ADDRESS OF THE INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) IN 126. USUAL OCCUPATION (TYPE OR PRIMARY LAST BIRTHDAY) 127. BIRTHPLACE 128. AGE (IN YEARS LAST BIRTHDAY) 129. BALTIMORE CITY OR COUNTY OF DESIDENCE REFORE ADMISSIONAL 129. USUAL OCCUPATION (TYPE OR PRIMARY LAST BIRTHDAY) 129. BALTIMORE CITY OR COUNTY OF DESIDENCE REFORE ADMISSIONAL 129. USUAL RESIDENCE (IF HUBSING HOME OR OTHER INSTITUTION) 129. USUAL RESIDENCE (IF HUBSING HOME OR OTHER INSTITUTION) 120. USUAL RESIDENCE (IF HUBSING HOME OR OTHER INSTITUTION) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120. USUAL RESIDENCE (IF HUBSING HOME OR OTHER INSTITUTION) 120. USUAL OCCUPATION (TYPE OR PRIMARY LAST BIRTHDAY) 121. AMERICAN LAST BIRTHDAY 122. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FO	980 4760 AM DER I YEAR JE UNDER 24 MRS 45 DAYS HOURS MIN.
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130. STATE 138 COUNTY 132. CITY OR TOWN 134 INSIDE CITY LIMITS? 136. STREET ADDRESS Marry 1 and 1 Carrol 1 Thi on Bridge 155 1 No. 15	
That y Land Call of London Dillage and Zoo Middle Daily	Rd.
II. FATHER'S NAME FIRST Charles Vingling Daisv Zim	LAST
	merman
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ourg Rd.
18. CAUSE OF DEATH (Enter only one couse per Ine for (o), (b), and Island Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Couly the Relation Failures IMMEDIATE CAUSE (o) Couly the Relation Failures	BETWEEN ONSET AND DEATH
	4-20-14
Conditions, if ony, which	4-26-76
gove rise to immediate	1. 51 -1
couse (o), stating the underlying couse lost. Due to Dr. Date Sequence of the underlying couse lost.	4-26-75
PART 2. OTHER SIGNIFICANT CONDITIONS <u>Contributing to death</u> but not related to the terminal disease or condition given in	PART 1(o)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO YES 10. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1.0	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WEF	RE FINDINGS USED G CAUSES OF DEATH?
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ON CONTRIBUTION OF CAUSE OF REALTH HOUR A.M. MONTH DAY YEAR I	RPARI 2)
OR CONTRIBUTING CONTROL CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN CO	
WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN CO	DUNTY STATE
WHILE AT WORK AT WORK 1 (I) (this hospital) oftended the deceosed from 4- 16-16, 19-16, to 6-131, 19-16	, that (I). (we) last
saw the deceased alive on 19 , and that in (my) (our) opinion death occurred on the date and hour and above, (I) (we) (did to do above, I) (we) (did to do above).	
	12L DAN IGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	0431-1986
	3/
224. PHY CIAN'S NAME (TYPE OR PRINT)	
22d PHYSICIAN'S NAME (TYPE OR PRINT) / SUE I CHER MP WESTMINSTER M	0 2115-7
30/01/3	0 21157
230. BURIAL, CREMATION, REMOVAL \$236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	D 2115-7

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